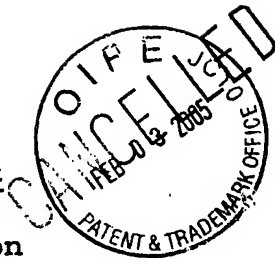


Application Data Sheet



Application Information

Application Type::	Regular
Subject Matter::	Utility
Suggested Classification::	
Suggested Group Art Unit::	
CD-ROM or CD-R?::	None
Title Line One::	APPARATUS AND METHODS FOR
Title Line Two::	FORMING AND SECURING
Title Line Three::	GASTROINTESTINAL TISSUE
Title Line Four::	FOLDS
Attorney Docket Number::	USGI-005-2A
Request for Early Publication::	No
Request for Non-Publication::	No
Suggested Drawing Figure::	
Total Drawing Sheets::	41
Small Entity::	Yes
Secrecy Order in Parent Appl.?::	No

Applicant Information

Applicant Authority Type::	Inventor
Primary Citizenship Country::	US
Status::	Full Capacity
Given Name::	Vahid
Middle Name::	C.
Family Name::	Saadat
Name Suffix::	
City of Residence::	Saratoga
State or Province of Residence::	California
Country of Residence::	US
Street of Mailing Address:	12679 Kane Drive
City of Mailing Address::	Saratoga
State or Province of Mailing Address::	California
Country of Mailing Address::	US
Postal or Zip Code of Mailing Address::	95070

Applicant Authority Type::	Inventor
Primary Citizenship Country::	US
Status::	Full Capacity
Given Name::	Ken
Middle Name::	
Family Name::	Michlitsch
Name Suffix::	
City of Residence::	Livermore

State or Province of Residence:: California
Country of Residence:: US
Street of Mailing Address: 4613 Pamela Commons
City of Mailing Address:: Livermore
State or Province of Mailing Address:: California
Country of Mailing Address:: US
Postal or Zip Code of Mailing Address:: 94550

Applicant Authority Type:: Inventor
Primary Citizenship Country:: US
Status:: Full Capacity
Given Name:: Rich
Middle Name::
Family Name:: Ewers
Name Suffix::
City of Residence:: Fullerton
State or Province of Residence:: California
Country of Residence:: US
Street of Mailing Address: 1437 W. Malvern
City of Mailing Address:: Fullerton
State or Province of Mailing Address:: California
Country of Mailing Address:: US
Postal or Zip Code of Mailing Address:: 92833

Applicant Authority Type:: Inventor
Primary Citizenship Country:: US
Status:: Full Capacity
Given Name:: Chris
Middle Name::
Family Name:: Rothe
Name Suffix::
City of Residence:: San Jose
State or Province of Residence:: California
Country of Residence:: US
Street of Mailing Address: 1593 Sabina Way
City of Mailing Address:: San Jose
State or Province of Mailing Address:: California
Country of Mailing Address:: US
Postal or Zip Code of Mailing Address:: 95118

Applicant Authority Type:: Inventor
Primary Citizenship Country:: US
Status:: Full Capacity
Given Name:: Rodney
Middle Name::
Family Name:: Brenneman
Name Suffix::

City of Residence:: San Juan Capistrano
 State or Province of Residence:: California
 Country of Residence:: US
 Street of Mailing Address: 34002 Las Palmas Del Mar
 City of Mailing Address:: San Juan Capistrano
 State or Province of Mailing Address:: California
 Country of Mailing Address:: US
 Postal or Zip Code of Mailing Address:: 92675

Applicant Authority Type:: Inventor
 Primary Citizenship Country:: US
 Status:: Full Capacity
 Given Name:: Cang
 Middle Name::
 Family Name:: Lam
 Name Suffix::
 City of Residence:: Irvine
 State or Province of Residence:: California
 Country of Residence:: US
 Street of Mailing Address: 74 Stanford Ct.
 City of Mailing Address:: Irvine
 State or Province of Mailing Address:: California
 Country of Mailing Address:: US
 Postal or Zip Code of Mailing Address:: 92612

Applicant Authority Type:: Inventor
 Primary Citizenship Country:: US
 Status:: Full Capacity
 Given Name:: Eugene
 Middle Name::
 Family Name:: Chen
 Name Suffix::
 City of Residence:: Carlsbad
 State or Province of Residence:: California
 Country of Residence:: US
 Street of Mailing Address: 3600 Corte Castillo
 City of Mailing Address:: Carlsbad
 State or Province of Mailing Address:: California
 Country of Mailing Address:: US
 Postal or Zip Code of Mailing Address:: 92009

Correspondence Information

Correspondence Customer Number::
 Phone Number::
 Fax Number::

35023
 858.720.6320
 858.523.4326

Representative Information

Representative Designation::	Registration Number::	Representative Name::
Primary	34,408	Nicola A. Pisano
Associate	32,967	Mitchell P. Brook
Associate	42,651	David E. Heisey

Domestic Priority Information

Application::	Continuity Type::	Parent Application::	Parent Filing Date::
This Application	Continuation-in-Part of	10/672,375	September 25, 2003
10/672,375	An application claiming the benefit under 35 USC 119(e)	60/500,627	September 5, 2003
This Application	Continuation-in-Part of	10/612,170	July 1, 2003
10/612,170	An application claiming the benefit under 35 USC 119(e)	60/433,065	December 11, 2002
This Application	Continuation-in-part of	10/639,162	August 11, 2003
10/639,162	An application claiming the benefit under 35 USC 119(e)	60/433,065	December 11, 2002
This Application	Continuation-in-part of	10/173,203	June 13, 2002
This Application	Continuation-in-part of	10/458,060	June 9, 2003
10/458,060	Continuation-in-part of	10/346,709	January 15, 2003
10/458,060	An application claiming the benefit under 35 USC 119(e)	60/471,893	May 19, 2003

This Application	Continuation- in-part of	10/288,619	November 4, 2002
10/288,619	Continuation- in-part of	09/746,579	December 20, 2000
10/288,619	Continuation- in-part of	10/188,509	July 3, 2002
10/188,509	Continuation- in-part of	09/898,726	July 3, 2001
09/898,726	Continuation- in-part of	09/602,436	June 23, 2000
09/602,436	An application claiming the benefit under 35 USC 119(e)	60/141,077	June 25, 1999

Assignment Information

Assignee Name:: USGI MEDICAL
 Street of Mailing Address:: 3511 Thomas Rd. Ste. 1
 City of Mailing Address:: Santa Clara
 State or Province of Mailing Address:: California
 Country of Mailing Address:: US
 Postal or Zip Code of Mailing Address:: 95054

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